

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/709,796-Conf. #3795
				Filing Date	May 28, 2004
				First Named Inventor	Michael A. Slivka
				Art Unit	3733
				Examiner Name	M. C. Hoffman
				Attorney Docket Number	101896-0251
Sheet	1	of	2		

[illegible][illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. * CITE NO.: Those application(s) which are marked with an single asterisk (*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(iii)) because that application was filed after June 30, 2003 or is available in the IFW. * Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. * Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

IDS (Citation) by Applicant (2 References)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 17, 2010

Electronic Signature for Christina M. Sperry: /Christina M. Sperry/ Reg. No. 47,106

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.H./

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/709,796-Conf. #3795
				Filing Date	May 28, 2004
				First Named Inventor	Michael A. Slivka
				Art Unit	3733
				Examiner Name	M. C. Hoffman
				Attorney Docket Number	101896-0251
Sheet	2	of	2		

[illegible]

Examiner Signature	/Mary Hoffman/	Date Considered	08/26/2010
-----------------------	----------------	--------------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

1929710.1

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.H./